

Mental health treatments work, but we have to fund individual communities

BY DR. VIDOR FRIEDMAN, OPINION CONTRIBUTOR — 05/03/19 06:30 PM EDT_14
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As an emergency physician, I am trained to treat anyone who walks through the doors of the emergency department, regardless of their injury or ailment. In my 30 plus years of practicing medicine, I've seen it all, and before each shift, I mentally and emotionally prepare myself for whatever may come — whether it's rapidly diagnosing a patient having a heart attack or resuscitating the victim of a gunshot wound. But I still worry about the patients struggling with mental health issues, because I know the health-care system is failing them.

One in five Americans grapple with mental illness, and the number of children and teens visiting the emergency department for suicidal thoughts or attempts has doubled in recent years. For someone with dementia or in crisis, there are few places to go and not enough mental health professionals trained to help.

Left without options, these people turn to their emergency department, where we make sure they aren't a danger to themselves or others. They will be safe for the time being, but the underlying cause of their mental health issues often remains unaddressed.

Sometimes patients remain in emergency departments for days until we can secure specialized psychiatric care. The longer it takes for these patients to get the appropriate care in the appropriate setting, the more arduous their road to recovery becomes. And, the longer it takes to diagnose or treat a patient, the more they are at risk.

Local, state and federal budgets for mental health services continue to get cut as the need for better coordinated mental health care increases. We need a new approach to ensure every patient gets the care they deserve at the right time. Fortunately, communities across the country are coming up with innovative solutions to remove barriers and improve care.

One size does not fit all when it comes to treating mental health. We need to empower communities to implement the programs that work best for them.

Some regions are finding success by integrating psychiatry with emergency care. In these areas, multidisciplinary teams of emergency physicians, psychiatrists, psychiatric nurses and others work together around the clock, providing care and initiating proactive assessments that

coordinate with outpatient clinics. This level of integration reduces the time a patient spends in the emergency department and makes sure care transitions are smooth and follow-up occurs.

Another approach supports a separate, hospital-based setting solely for psychiatric emergencies. These programs meld the calming environment of a community mental health crisis clinic with the emergency department's ability to care for any patient who comes for treatment. Unlike other community-based programs that can have stringent criteria for eligibility, these facilities accept all patients regardless of the severity of their illness, substance abuse issues, or insurance status.

Examples like these demonstrate that solutions do exist. They are most effective if they are properly resourced and tailored to the patients who rely on them. The bottom line is that more collaborative care improves and expands treatment options, avoiding delays and providing more support for patients with mental illness.

This week, hundreds of emergency physicians are in the nation's capital, urging Congress to support the Improving Mental Health Access from the Emergency Department Act. If passed, this bill would fund grants for programs to ease and expedite patient care transitions after emergency care and increase the number of available inpatient psychiatric beds in emergency departments.

This bill would strengthen efforts to connect care through digital tools and make it easier for experts to provide remote consultation, staff peak period crisis clinics and dedicated psychiatric emergency units.

Investments in better connected care will streamline the system and improve the lives of millions of people.

As emergency physicians, it is our responsibility to be the voice of our patients, particularly for those who cannot advocate for themselves. The reality is that people in each of our communities are not getting the mental health care they need. Our patients deserve better.

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